

05-408954

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. 50101

A 37589

DISTRICT 4th

DATE 6/20/94

DATE SYSTEM APPROVED 6/24/94

INSPECTOR DICS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

*Time Expired for
F.C.O.P. Compliance

Harrison Contracting

IS PERMITTED TO INSTALL ALTER

ADDRESS 2858 Flag Marsh Road, Mount Airy, Maryland 21771 PHONE 795-8691

SUBDIVISION Koandah Gardens LOT 6 ROAD 13111 Isle of Mann Way

PROPERTY OWNER Tony Landini

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

BUILDING PERMIT SIGNED

AND RETURNED 4/24/02

B00135030 - U618PTANK

720 41720

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from lot corner at end of pipestem, (Common to Lots 5 & 6), start first trench 110 feet down left (195.00') lot line and 60 feet off this same lot line. Run trenches along contours toward pipestem.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. **OK MR 6/7/94**

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 12/29/93

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

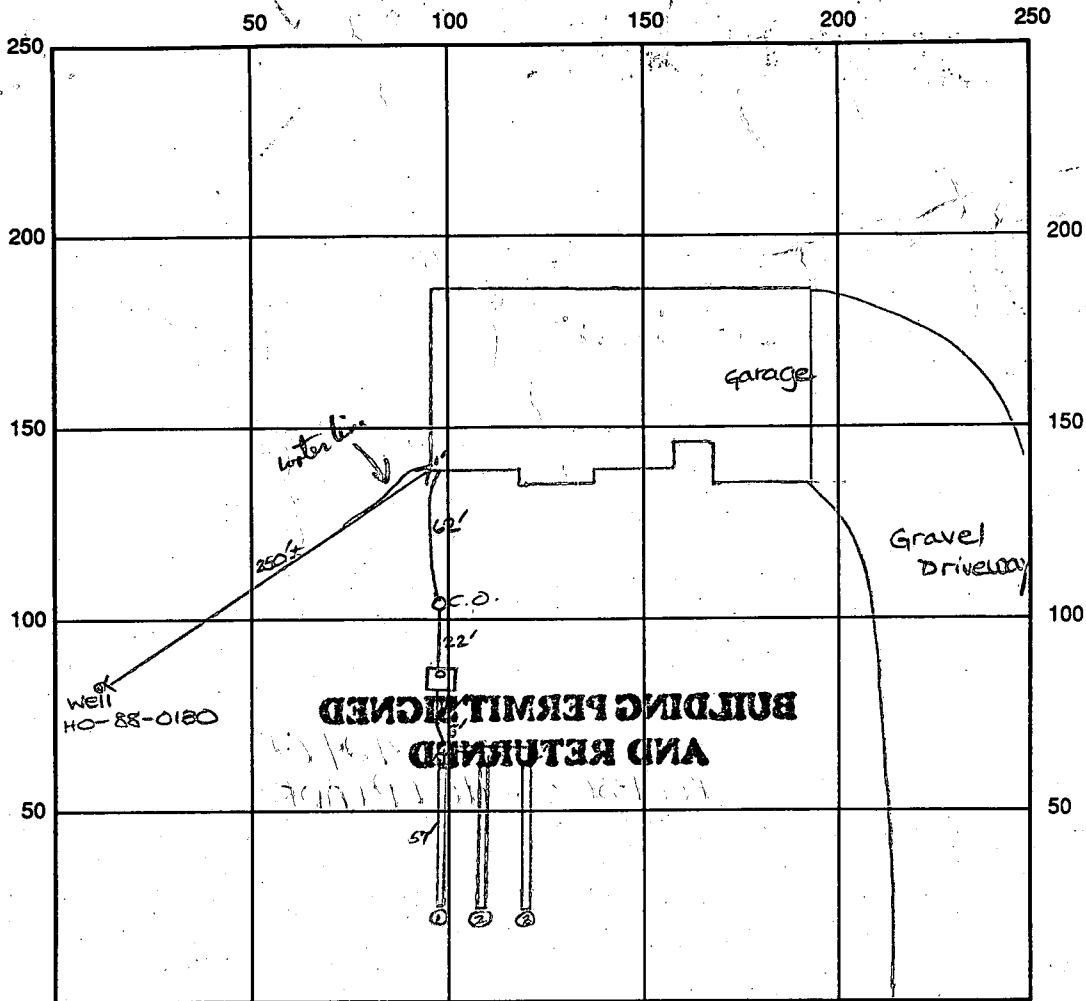
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

RETURNED 3/21/02
B00135013
IG 000L
B.L.G. PERMIT SIGNED
AND RETURNED 5/4/95
Serial # 59376 deck

A 37589



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Isle of Mann Way

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one in line, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ① 57' ② 63' ③ 64' → 184' total

NUMBER OF TRENCHES 3 ONE SIDEWALL/BACK AREA 736 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

3184
x 4
736

REMARKS: 6/23/94 AM OK to stone trench ① and continue. DKS

6/23/94 PM OK to continue on trench ③, stone trench ②. OK to cover from house to d.b. DKS

6/23/94 PM OK to cover trench ① and stone trench ② & ③. DKS

6/24/94 OK to cover all work DKS

DATE SYSTEM APPROVED 6/24/94 INSPECTOR Southern Joe

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

9/2/86
perc OK'd
pending approval
plan (S)

A 37589
P _____
DISTRICT 5
DATE 7/10/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER JAMES & EMILY SANBORN HCHP-I Limited Partnership
9 Falling Creek Ct
ADDRESS 4907 TEN OAKS RD., DAYTON, MD. 21036 Silver Spring, MD 20904
PHONE 531-544
301-384-8847

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE final bid

PROPERTY LOCATION:
SUBDIVISION KOANATAH GARDENS ESTATES LOT NO. FINAL MR LOT 6 2/21/89
ROAD AND DESCRIPTION S EAST SIDE HIGHLAND RD. S WEST END OF ISLE OF MANU WAY
13111 Isle of Manu Way, Highland, MD

TAX MAP 3A PARCEL # 378
SIZE OF LOT 3 AC. TYPE BLDG. SINGLE-FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Scott Shandberger for James M. Sanborn
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified plat plan BLDG. PERMIT SIGNED AND RETURNED 9-22-89
BLDG. PERMIT SIGNED AND RETURNED 1/28/94 Serial # 52376 SFD-4Bim
BP # 29586 4 bdrms

THIS IS NOT A PERMIT

C1 **0502** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 38017**

DATE RECEIVED
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
039389

DEPTH OF WELL
265
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-0180

OWNER **SANBORN JAMES**
 STREET OR RFD **ISLE OF MANN WAY** TOWN **HIGHLAND**
 SUBDIVISION **KOANDAH GARDENS EST. SECTION 1** LOT **6**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND Stone	0	15	
Gray Micr Rock	15	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **564**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **S7** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **22**

OTHER CASING (if used)
 diameter inch from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

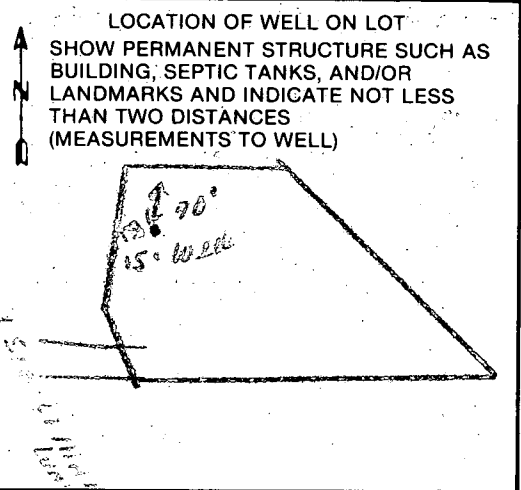
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **21** **265**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **30**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest-ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE: **1** (nearest foot)
 (-) below }



CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE *Joseph P. Morgan*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
 Replacement _____

Receipt # _____
 Date 7/22/94

Name of Installer GREG C. FRYFOGLE

Telephone 526-0005

License Number 9081
 Certified Well Pump Installer _____

Well Driller _____ Registered Plumber X

Name of Property Owner TONY LANOINI
 Subdivision ROANDAH GARDENS Lot # 6
 Site Address 1311 ISLE OF MANN WAY

Telephone 1-800-258-3885

Well Tag # HO - 88 - 0180

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make JACUZZI
3. Model # SANDHANDLER
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
- b. 220

Pitless Adapter

1. Make HARVARD
2. Model # PT 800
3. Depth 42" min

Tank

1. Capacity WX 250
2. Pressure relief valve? YES

Piping

1. Type WELL PIPE 1/2" 16016
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth 265 ft.
2. Yield 15 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

*water line already covered
 pitless adapter OK - Need PVC socket
 over water line where less than 10 ft
 from sewer line - RHP 7/25/94
 10' PVC Socket @ House OK
 Fur 8/1/94*

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

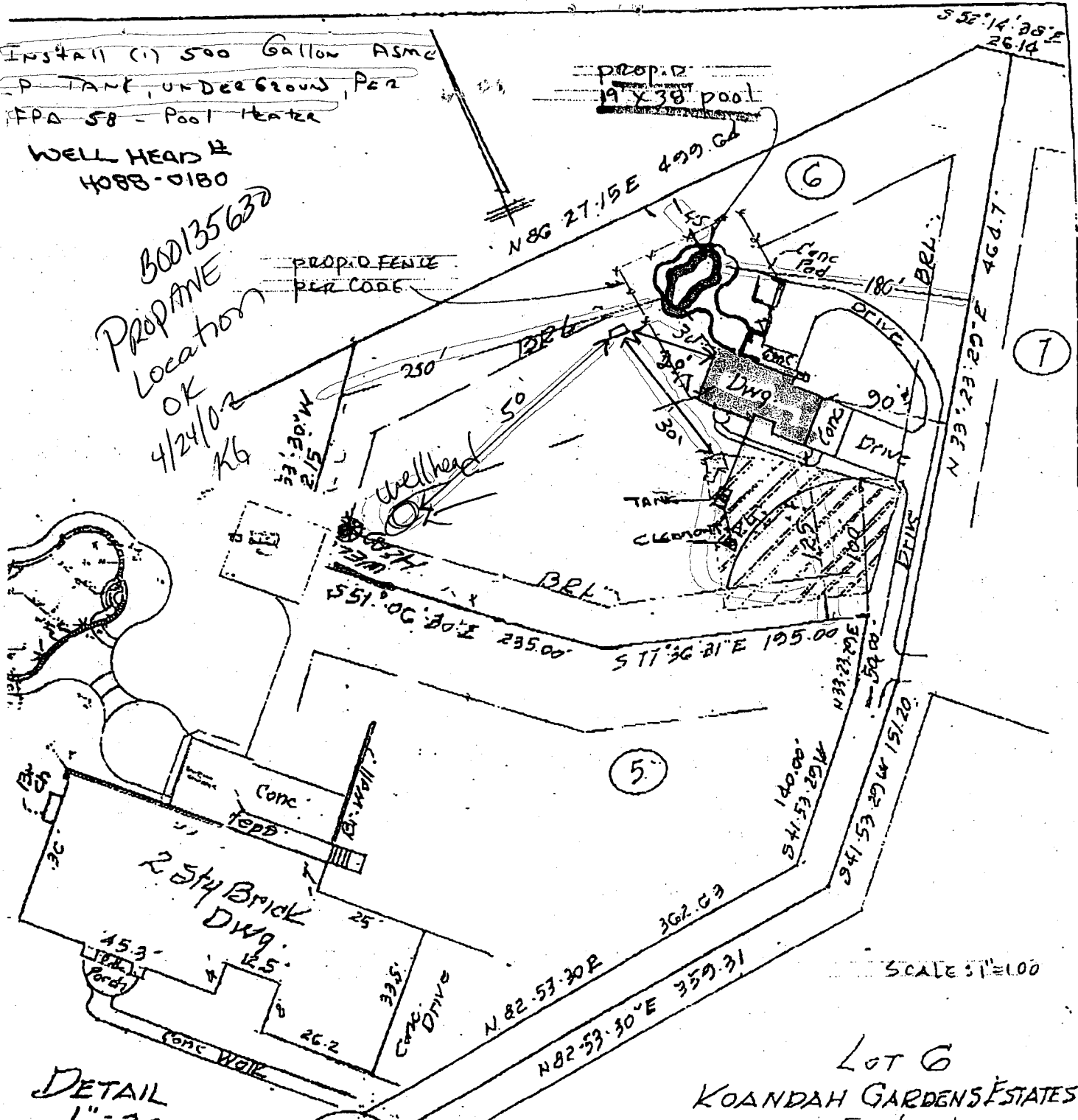
Signature of Applicant: Greg C Fryfogle
 Date: 7/22/94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

*8/1/94
 ASAP
 7/25/94
 anyone*

Install (1) 500 Gallon ASMC
 P-TANK, UNDERGROUND, PER
 FPA 58 - Pool Heater
 WELL HEAD #
 4088-0180

PROPANE
 Location
 OK
 4/24/02
 KB



SCALE 1" = 100'

LOT 6
 KOANDAH GARDENS ESTATES
 Section 1
 (8008)

MYRA & THOMAS ENDLER
 13111 ISLE OF MANN
 HIGHLAND, MD. 20777-
 9786

Acct # 05-40895A

- 1.) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer financing or re-financing.
- 2.) The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 3.) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

4.) I have examined Flood Insurance Rate Map Panel Number 240044-0032B

for the subject property and it appears to lie within zone C

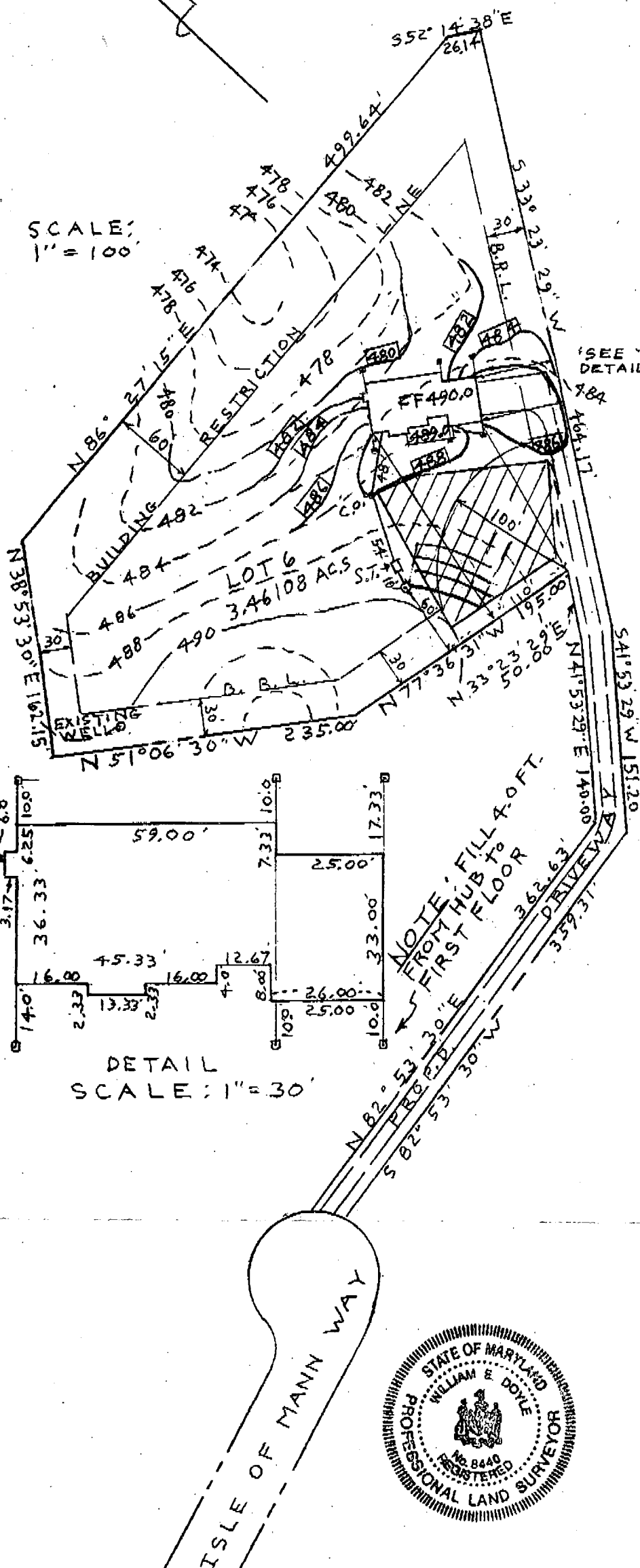
SUNRISE POOLS

03/20/2002 13:24 FAX 14103493688

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



Approved Septic System Plan
Howard County Health Department

Mark E. Refkin 1/28/94
Signature Date

TRENCH LENGTH
45 FT. PER BEDROOM
4 BEDROOMS
TOTAL TRENCH
LENGTH = 180 FT. 6x2 FT. WIDE

PLOT PLAN
LOT 6, ISLE OF MANN WAY
KOANDAH GARDENS ESTATES
SECTION 1
ELECTION DISTRICT, 4
HOWARD COUNTY, MD.

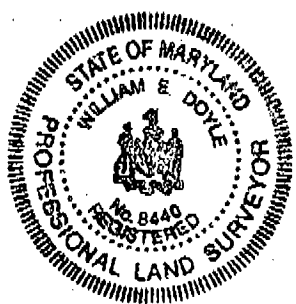
SCALE: AS SHOWN
DRAWN: JANUARY 7, 1994
REVISED: JANUARY 27, 1994

EXIST, GRN. AT DISTR. BOX	489.80
INV. IN DISTR. BOX	485.80
INV. OUT OF SEPTIC TANK	485.90
INV. INTO SEPTIC TANK	486.30
INV. OUT OF DWELLING	487.40
FIRST FLOOR ELEV.	490.00
CELLAR ELEV.	481.00
WELL ELEV.	490.00
NO. OF BEDROOMS	4
ACREAGE	3.46108 ACS

DETAIL
SCALE: 1" = 30'

I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

signed *William E. Doyle*



William E. Doyle

PROFESSIONAL LAND SURVEYOR 8440

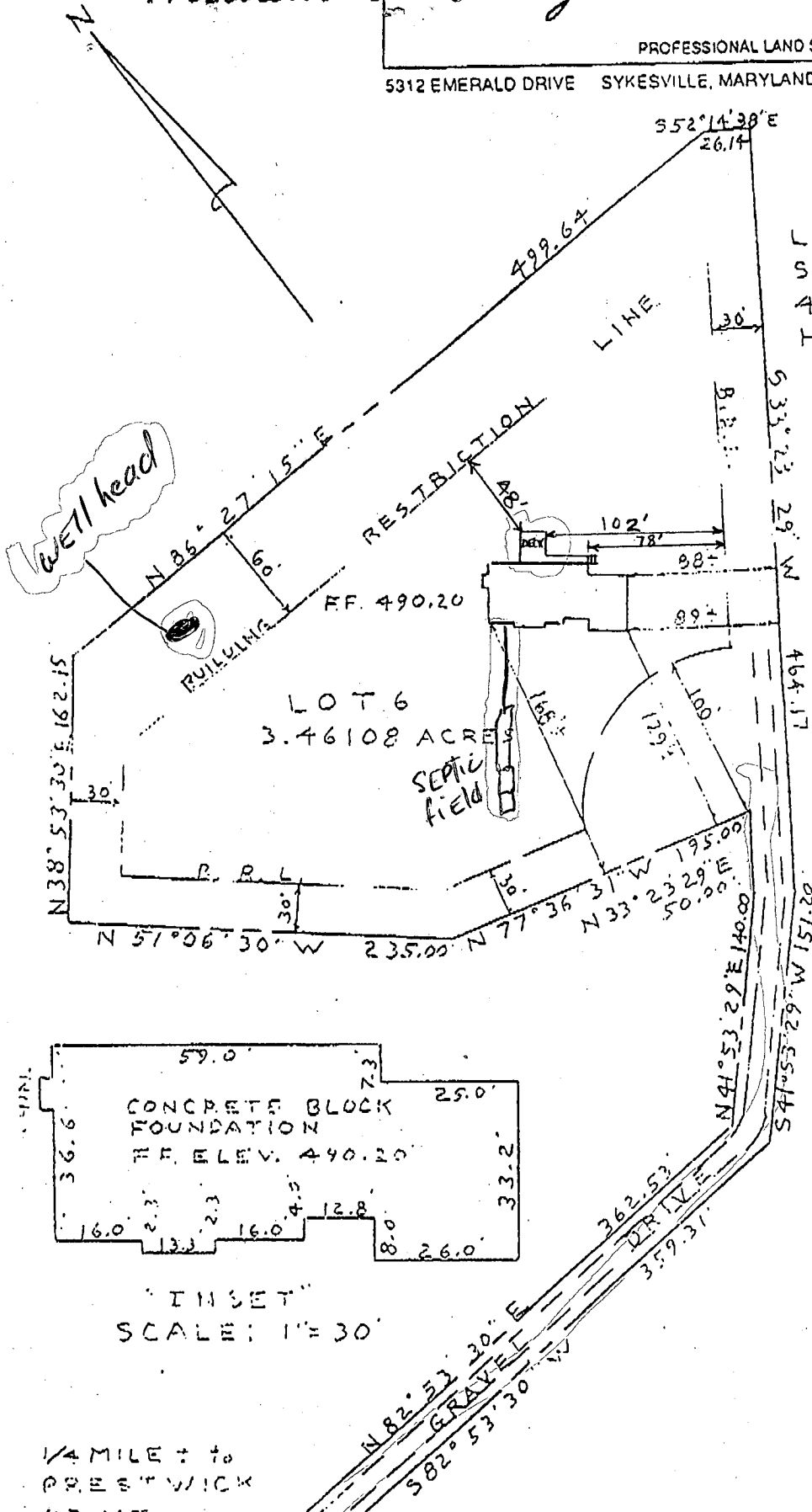
SINCE 1973

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784

PHONE & FAX NO. (410) 795-2210

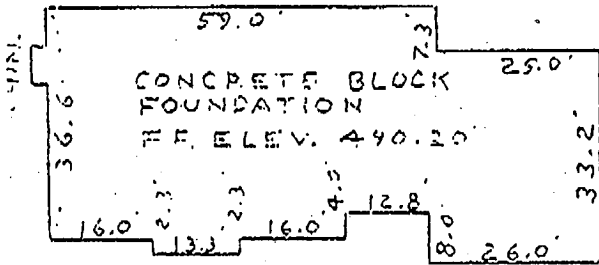
LOCATION SURVEY

ISLE OF MANN WAY
LOT 6, KOANDAH GARDENS ESTATE
SECTION 1, PLAT NO. 2009
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



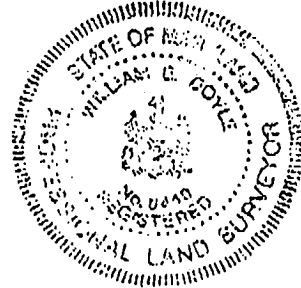
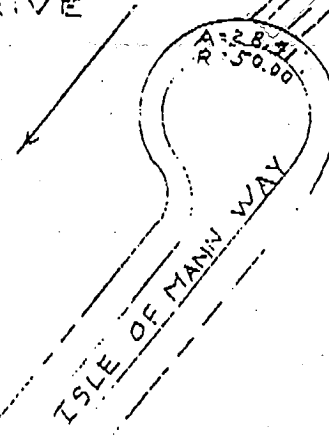
For #59376

5/4/95
OK as shown
OK as per C.O. of
6/24/94
CBO



"INSET"
SCALE: 1" = 30'

1/4 MILE to
PRESTWICK
DRIVE



THIS IS TO CERTIFY THAT THIS HOUSE
DOES NOT LIE WITHIN A FLOOD PLAIN
UNLESS SHOWN HEREON.

THIS IS TO CERTIFY THAT WE HAVE MADE A
LOCATION SURVEY OF THE IMPROVEMENTS,
AND THAT THEY ARE LOCATED ON THE LOT
AS SHOWN HEREON.

SCALE _____ ft. - inch

File No. 925-7

Signed This 08 day AUGUST 1994

William E. Doyle

NOTE: This plat cannot be used to establish
property lines or corners.

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
800135013

Building Address 13111 ISLE OF MANN
HIGHLAND, MD. 20777-9788
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision KOONDAN GARDENS S-1
Section _____ Area _____ Lot 6
Tax Map 34 Parcel 78 Grid 72
Zoning RD30 Map Coordinates 14B11 Lot size 3.46 AC.

Property Owner's Name HYRA & THOMAS ENDLER
Address 13111 ISLE OF MANN
City HIGHLAND State MD. Zip Code 20777-9788
Home Phone 301-854 1586 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
AL ERDI
10 SUNRISE PREMIERE
1460 RITCHIE HWY. SUITE 108
Phone ARNOLD, MD. 21212 Fax _____

Existing Use DETACHED DWELLING
Proposed Use " w/ pool
Estimated Construction Cost \$ 20,000.00
Description of Work INSTALL IN THE REAR YARD
AN INGROUND SWIMMING POOL (18'x38'
600") (3.5'-8' DEEP) WITH FENCE (330')
PER CODE. TO BE FILLED BY TRUCK.

Contractor Company SUNRISE PREMIERE
Contact Person DON SEYFFERTH
Address 1460 RITCHIE HWY. SUITE 108
City ARNOLD State MD. Zip Code 21012
License No. MVIC #45494
Phone 1-877 349 POOL Fax _____

Occupant or Tenant THE OWNERS
Contact Name SEE OWNER
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company C.C. MILINC.
Contact Person AL ERDI
Address P.O. BOX 333
City PHIDENIX State MD. Zip Code 21131
Phone 410-592 5153 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>19'x38' POOL</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

AL ERDI
Applicant's Signature

AL ERDI
Print Name

3/20/02
Date

Title/Company _____
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	10587
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>200</u>
Dev. Engineering DPZ			Side St.: _____	Excise tax \$ _____
Health		<u>3/20/02</u> <u>J. Smella</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>250</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>4188</u>
				Validation # <u>66636</u>
				Accepted by <u>[Signature]</u>